SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) A. Received by (Please Print Clearly) B. Date of Delivery 18 Nos 02 C. Signature X
1. Article Addressed to: 11-8-02.	D. Is delivery address different from item 1?
* 99-196 Gibson County*Broadcasting Company, Inc. P.O. Box 318	If YES, enter delivery address below: ☐ No
Martin, TN 38237	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label)	
PS Form 3811, July 1999 Domestic Re	eturn Receipt 102595 00-M-0952
N	RTIFIED BECEIVED & INSPECTED NAIL EIPT NOV REGUESTED
	,
NAME: GIDSON COUNT COMPANY, INC P.O. Box 318	ty LENGERGONATINE COM.
Company, INC	
MARHU, TN 38237	<i>o</i> Y
CERTI	ostal Service IFIED MAIL RECEIPT : Mail Only; No Insurance Coverage Provided)
m Hilling Scale 103	
다. 다. 다.	Postage \$.37 1-8-02 99-196 11fled Fee 7.30 Postmark
Return Ret (Endorsement F	ceipt Fee Pequired) / 75 Here livery Fee
☐ Total Portag	e & Fees \$ 4.42 CY-C20
	Print Clearly) (to be completed by mailer)